

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR	FILE NO.
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In the matter of _____, a minor
 Social security no. _____

1. I am interested in this matter and make this petition as custodial parent of the minor.

☐ 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

3. The minor was born _____, is unmarried, resides in _____
 Date _____ County _____
 at _____
 Address _____ City/Township _____
 State _____ Zip _____, and is presently located in _____
 County _____
 at _____
 Address (only if different than above) _____ City/Township _____
 State _____ Zip _____.

4. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS
	Father/Age _____	
	Mother/Age _____	
	Conservator	
	Guardian	
	Person with care/ custody of minor*	

* also list persons who had principal care and custody of minor during the 63 days preceding filing of petition

5. The welfare of the minor will be served by the appointment.

6. A proposed limited guardianship placement plan is attached.

IREQUEST:

7. _____ whose address is _____
 Name _____ Address _____
 _____ be appointed limited guardian of the minor.
 City/Township _____ State _____ Zip _____ Telephone no. _____

8. Other: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

9. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of custodial father

Address

City, state, zip Telephone no.

Date

Signature of custodial mother

Address

City, state, zip Telephone no.

NOTE: If both parents have custody, each must sign.

[] 10. I am 14 years of age or older. I nominate _____ as my guardian
Name
who lives at _____
Address City State Zip

Date

Signature of minor

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.